DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200311816-1

__(if applicable).

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

the specification of which is attached hereto unless the following box is checked:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

and was amended on ___

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.58.

as US Application No. or PCT International Application

FUSER ROLLER FOR AN IMAGE FORMING DEVICE

Foreign Application(s) and/or Claim of Foreign Priority

() was filed on ___ Number

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIGRITY CLAIMED UNDER 35 U.S.C. 119		
			YES:	NO:	
			VES:	NO:	
rovisional Application					
hereby claim the benefit under elow:	Title 35, United States Code Sec	tion 119(e) of any United	States provisiona	application(s) lister	
	APPLICATION NUMBER	FILING DATE	\neg		
S. Priority Claim	Title 35, United States Code, Se		_		
anner provided by the first para formation as defined in Title 37	each of the claims of this applicat agraph of Title 35, United States , Code of Federal Regulations, Se T international filing date of this a	Code Section 112, I ackr ction 1.50(a) which occurs	nowledge the duty	to disclose materia	
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DECLARATION AND POWER OF ATTORNEY ATTORNEY DOCKET NO. 200311816-1 FOR PATENT APPLICATION (continued)

Cittzenship: US

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Full Name f # 2 joint inventor: JENNIFER BAKER

Ray 05/03 (DecPart)

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Post Office Address:			
inventor's Signature		Date	
Full Name of # 4 joint inventor	·		Cit tzenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
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Inventor's Signature		Date	
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Inventor's Signature		Date	
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Inventor's Signature		Date	
Full Name of # 8 joint invento	r:		Citizenship:
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(Use Page Two For Additional Inventor(s) Signature(s))